

Well Name _____



DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF GAS AND OIL
P.O. BOX 1416
ABINGDON, VA 24210
(276) 676-5423

REQUEST FOR PERMISSION TO ENGAGE IN SEQUENTIAL UTILIZATION

WELL NUMBER _____

WELL LOCATION _____

PRIMARY USE _____

SEQUENTIAL USES (list in order) _____

LOCATIONS OF USERS (list in order) _____

ATTACHMENTS ARE ENCLOSED TO PROVIDE EVIDENCE THAT SEQUENTIAL UTILIZATION WILL NOT CAUSE:

1. Excessive heat drawdown ____/
2. Land subsidence ____/
3. Groundwater contamination ____/
4. Geothermal resource waste ____/

WELL OPERATOR _____
ADDRESS _____

TELEPHONE _____
TITLE _____

DESIGNATED AGENT _____
ADDRESS _____

TELEPHONE _____
TITLE _____